PUBLIC TRANSPORTATION SURVEY
Transportation Provider

1. General Information

Director Name _____

Transit System Name _____

Mailing Address _____

City _____

Zip Code _____

Telephone _____

Agency location (if address is Post Office Box):

_____

2. Who is the person to be contacted regarding this report:

Name _____

Title _____

Telephone _____

3. Which of the following best describes your Organization? (check one only)

Private Non Profit _____
Public agency (directly operates all transit service) _____
Public agency (contracts for transit service) _____
Private carrier under contract to public agency _____
Private carrier not under contract to a public agency _____

4. Demographic Information

Population (all ages) of your service area?

0 - 1,000 _____ 1,001 - 4,999 _____
5,000 - 10,000 _____ 10,000 - 50,000 _____
over 50,000 _____

Percent of residents over 60? _____

Percent of residents disabled? _____

SURVEY CONTINUED

What services are available in your service area? (check all that apply)

Medical (general)	____	Medical (Specialized)	_____
Shopping (grocery)	____	Shopping (apparel)	_____
Pharmacy	____	Bank	_____
Library	____	Court house	_____
Post Office	____	Community College	_____

Government Offices
(please describe) _____

Other
(please describe) _____

If the above services are not available in your service are, where would you travel to access those services?

City _____

County _____

State _____

What transportation options exist for the elderly in your service area?

Taxi _____	Public Transportation_____
Senior Transportation_____	Medicaid_____
Family, friend _____	None ____

Other
(please describe) _____

What transportation options exist for the disabled in your service area?

Taxi _____	Public Transportation _____
Senior Transportation _____	Medicaid _____
Family, friend _____	None _____

Other
(please describe)_____

SURVEY CONTINUED

What other modes of transportation are available in your service area?

Charter bus _____
Other intercity bus line ___
Commuter air line ____
None _____
Greyhound Bus Line ____
AMTRAK ____
Full service air line

Is there a mode of transportation not available in your service area that would be used by your riders?

Yes _____ No _____

If Yes, please describe _____

5. What transportation services are offered by your agency? (check all that apply)

Demand Response _____
Van Pool_____
Charter Bus _____
Intercity ____
None _____
Fixed Route _____
Trolley Bus _____
School Bus _____
Interstate _____

What transportation services does your agency provide for the elderly?
(check all that apply)

Home delivered meals _____
To Medical appointments____
To Shopping, grocery _____
To Government offices _____
To Social/recreation _____
None _____
To Senior center_____
To Pharmacy _____
To Shopping, personal _____
To Employment_____

What services does your agency provide for the disabled?
(check all that apply)

Home delivered meals _____
To Medical appointments____
To Shopping, grocery _____
To Government offices_____
To Social/recreation _____
None _____
To Senior center _____
To Pharmacy _____
To Shopping, personal _____
To Employment _____

SURVEY CONTINUED

6. Do you receive Capital funds for your Transit System? From whom? (check all that apply)

A. Federal government
Funds received from Federal Transit Administration (FTA)
Section 3 _____
Section 9 _____
Section 16(b)(2) _____
Section 18 _____
Other Federal funds _____
Please describe _____
_____

B. State government
Funds received from NDOT _____
Funds received from Division For Aging _____
Other State funds _____
Please describe _____
_____

C. Local sources
Funds received from County _____
Funds received from City _____
Other Local funds _____
Please describe _____
_____

D. Dedicated taxes
Sales taxes _____
Property taxes _____
Gasoline taxes _____
Other taxes _____
Please describe _____
_____

E. Other source _____
Please describe _____
_____

Are your Capital funds adequate to meet your needs?

Yes ____ No ____

SURVEY CONTINUED

7. Do you receive additional revenue?
From where?

Donations _____
Farebox _____
Contracts _____
Other _____

8. Do you receive Operating Funds for your Transit System?
From whom? (check all that apply)

A. Federal government
Funds received from FTA
Section 9 _____
Section 18 _____
Other federal funds _____

B. State and local sources
Funds received from State _____
Please describe _____
Funds received from local source _____
Please describe _____

C. Funds dedicated to transit at their source
Dedicated taxes
Sales taxes _____
Property taxes _____
Gasoline taxes _____
Other taxes _____

D. Other source _____
Please describe _____

Are your Operating Funds sufficient to meet your needs?

Yes _____ No _____

9. What are your approximate monthly expenses for your Transit Services?

Administrative
Salaries _____
Supplies _____
Utilities _____
Insurance _____

SURVEY CONTINUED

Operating
- Salaries _____
- Materials & supplies
  - Fuel & lubricants _____
  - Tires & tubes _____
  - Other materials & Supplies _____
- Maintenance/Repair _____

How many paid drivers are on your staff? _____

How many volunteer drivers are on your staff? _____

What hourly wages are paid to your drivers?

$ 3.50 - $ 4.00	_____
$ 4.01 - $ 4.50	_____
$ 4.51 - $ 5.00	_____
$ 5.01 - $ 5.50	_____
$ 5.51 - $ 6.00	_____
$ 6.01 - $ 6.50	_____
$ 6.51 - $ 7.00	_____
Over $7.00	_____

10. Vehicle Maintenance Performance and Energy Consumption

Who performs maintenance and repairs on the vehicle(s)? (check all that apply)

- Service station _____
- Independent mechanic _____
- Auto dealership _____
- State motor pool _____
- County motor pool _____
- City motor pool _____
- Staff member _____
- Volunteer _____
- Other
  (please describe) _____

SURVEY CONTINUED

If you have a lift equipped vehicle, who performs maintenance and repairs on the lift/tie downs?
(check all that apply)

Service station _____
Independent mechanic _____
Auto dealership _____
State motor pool _____
County motor pool _____
City motor pool _____
Staff member _____
Volunteer _____
Other _____
(please describe) _____

What maintenance facilities are available in your community?
(check all that apply)

Transit maintenance facilities _____
Auto dealership _____
Garages _____
Other
(please describe) _____

How far is/are the vehicle(s) driven to get maintenance and repair service? _____ miles

What was the cost for maintenance and repairs for your last fiscal year? _____

Where is fuel obtained for the vehicle(s)?
(check all that apply)

County Motor Pool _____
City Motor Pool _____
State Motor Pool _____
Service Station _____
Other _____
Please describe _____

SURVEY CONTINUED

What type of fuel is used by your vehicle(s)?
(check all that apply)

Diesel fuel	_____
Gasoline	_____
Compressed Natural Gas (CNG)	_____
Other	_____
(please describe)	_____

11. Passenger Trips - NUMBER PER MONTH
(Total of trip type should equal Total of rider type)
(One person one way = one trip)

Type of Trip

Personal	_____
Social/recreation	_____
Education	_____
Employment	_____
Nutrition (meals/grocery)	_____
Medical/dental	_____
Total	_____

Type of Rider

Elderly (age 60 and over)	_____
Elderly disabled	_____
Elderly wheelchair user	_____
Non-elderly (under 60)	_____
Non-elderly disabled	_____
Non-elderly wheelchair user	_____
Total	_____

How many individuals participated in your transportation program in the last fiscal year?

Under 15	_____
16 - 50	_____
51 - 100	_____
101 - 150	_____
151 - 200	_____
Over 200	_____

How many one way rides were provided? _____

How many passengers do you transport that require the use of a wheelchair? _____

SURVEY CONTINUED

How frequently do you transport passengers needing the use of a wheelchair?

0 times per year	_____
Less than 10 times per year	_____
One trip per month	_____
Daily	_____

How many individuals in the past year were denied transportation because a wheelchair lift was not available on any of your vehicles? _____

Do passengers have difficulty entering, exiting, or moving inside the vehicle? _____ yes _____ no

12. Passenger Mileage and Scheduling

What is the maximum number of miles your program will travel one way to pick-up a passenger for transportation?

0 - 5 miles	_____
5 - 10 miles	_____
11 - 20 miles	_____
21 - 30 miles	_____
30+ miles	_____

How far in advance are passengers required to make reservations for transportation?

On demand	_____
Same day	_____
24 Hours	_____
Three days	_____
One week	_____

Are the following trips scheduled?

Shopping	_____
Medical	_____
Nutrition	_____

SURVEY CONTINUED

How many hours per day is transportation service provided?

1 - 4 hours _____
4 - 8 hours _____
8 - 12 hours _____
12 - 24 hours _____

What days of the week is transportation service provided?

Monday, Wednesday, Friday _____
Tuesday, Thursday _____
Monday thru Friday _____
Saturday _____
Sunday _____
Sunday thru Saturday (7 days) _____
Other (please describe) _____

13. Transit Safety

Have your transit vehicle(s) been involved in an accident within the last year?

Yes _____ No _____

If yes, what type of accident?

Collision with other vehicle(s) _____
Collision with objects _____
Collision with people _____
Vehicle(s) going off road _____

Has anyone been injured or killed in a transit vehicle(s) accident?

Yes _____ No _____

If yes, where did the injury/death occur?

Inside vehicle _____
Boarding & alighting vehicle _____
Associated with lift _____
At bus stops _____
Other
(please describe) _____

SURVEY CONTINUED

14. Road Conditions

How many days last year was transportation not available because of snow, ice, or other weather conditions?

Number of days _____

Does your vehicle(s) drive on unpaved (gravel/dirt) roads to provide transportation services?

Yes ____ No ____

On what type of terrain does your vehicle(s) drive?

Flat _____
Hilly _____
Mountain Passes _____
Other (please describe) _____

In what type of setting does your vehicle(s) drive?

City (5,000 to 50,000 in population) _____
Town (under 5,000 in population) _____
Rural (unincorporated area) _____

15. Purchase of new vehicle

If you were to purchase a new transit vehicle today, what type would you select for your program?

Four wheel drive _____
Mini Van _____
Van _____
Bus _____
Other _____

What would the passenger capacity be for that vehicle?

8 passenger _____
12 passenger _____
15 passenger _____
16-24 passenger _____
Other _____
Please describe _____

SURVEY CONTINUED

What specialized equipment would this vehicle need to accommodate your passengers?

Aisle seating	_____
Handrails	_____
Raised roof	_____
Built in steps	_____
Improved air conditioning	_____
Improved heating	_____
Seat belt extenders	_____
Wheelchair lift	_____
Wheelchair tie-downs	_____
Other	_____

16. Transit System Service

Number of vehicle(s) in operation?	_____
Number of vehicle(s) used for Charter?	_____
Number of vehicle(s) used as School bus?	_____
Total monthly miles driven by vehicle(s)?	_____
Total monthly miles driven for Charter?	_____
Total monthly miles driven for School bus?	_____
Total monthly hours vehicle(s) driven?	_____
Total monthly hours driven for Charter?	_____
Total monthly hours driven for School bus?	_____

VEHICLE INVENTORY
(use separate piece of paper for each vehicle)

Please indicate for each vehicle:

Vehicle Type _____

Name on Vehicle title _____

Year of manufacture _____

Manufacturer _____

Purchase price (if known) _____

Model/Vehicle Identification Number (VIN) _____

Agency Vehicle Identifying Number _____

ADA accessible vehicle? Yes ____ No ____

If yes, equipped with (check one) Ramp ____ Lift ____

Fuel Used by Vehicle _____

Seating capacity _____

Total miles on vehicle _____

Condition of vehicle _____

How many miles per month is vehicle driven? _____

How many passenger trips does this vehicle make per month? ___
(One person one way = one trip)

PLEASE RETURN THIS SURVEY TO:

SANDI MCGREW
PLANNING
NEVADA DEPARTMENT OF TRANSPORTATION
1263 SOUTH STEWART
CARSON CITY, NV 89712
(702) 687-3022